

TELL MEDICARE ABOUT YOUR OTHER HEALTH INSURANCE OR DRUG COVERAGE (CONTINUED).

To submit the IEQ, do one of the following:

- **Complete the questionnaire available at www.MyMedicare.gov.** After signing into MyMedicare.gov, the IEQ reminder page will appear. If it doesn't, click the IEQ reminder link located at the bottom of the home page under "Online Forms."
- **Mail back the paper copy you got in the mail.**
- **Complete the questionnaire over the phone** by calling the Coordination of Benefits Contractor at 1-800-999-1118. TTY users should call 1-800-318-8782.

Give the benefits contractor this information:

- Your name
- The name and address of your plan
- Your policy number
- The date coverage was added, changed or stopped, and why

Also, tell your doctor and other health care providers about your health insurance or drug coverage changes the next time you get care.

TELL YOUR INSURANCE COMPANY OR EMPLOYER BENEFITS ADMINISTRATOR ABOUT CHANGES.

Tell your insurance company if you or your spouse's current work status changes or you have changes to your Medicare coverage. Tell your employer benefits administrator if you have changes to your health insurance coverage.

Insurance companies are required to tell Medicare about insurance coverage they offer people with Medicare to help coordinate benefits.

Your insurance company or your employer may ask you for your name, date of birth, gender, and Medicare number (located on your red, white, and blue Medicare card) so they can provide updates to Medicare about your other insurance. It's appropriate to give this personal information to your insurance company or employer to coordinate benefits. Giving this information quickly will help make sure your benefits are paid correctly.

WHERE CAN I GET MORE INFORMATION?

- Visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to view or print Medicare publications and find helpful phone numbers and Web sites. TTY users should call 1-877-486-2048.
- Visit www.medicare.gov/Publications to view or print the booklet "Medicare and Other Health Benefits: Your Guide to Who Pays First," or call 1-800-MEDICARE and ask for a free copy.
- Call your State Health Insurance Assistance Program (SHIP) for free health insurance counseling and personalized help. To get the most up-to-date SHIP phone numbers, visit www.medicare.gov/contacts.

Coordination of Benefits



GETTING STARTED



Learn how Medicare works with other kinds of health insurance or drug coverage and who should pay your bills first.

"Coordination of Benefits: Getting Started" isn't a legal document. More details are available in the "Medicare and Other Health Benefits: Your Guide to Who Pays First" booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

Information in this brochure was correct when printed. Call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov to get the most current information. TTY users should call 1-877-486-2048.

COORDINATION OF BENEFITS

LET’S GET STARTED.

It’s important to know how Medicare works with other kinds of health insurance or drug coverage and who should pay your bills first. This is sometimes called “coordination of benefits.”

If you have Medicare and other health insurance or drug coverage, each type of coverage is called a “payer.” When there is more than one potential payer, there are coordination of benefits rules to decide who pays first. The first or “primary payer” pays what it owes on your bills first, and then sends the rest to the second or “secondary payer.” In some cases, there may also be a third payer.

Tell your doctor, hospital, and all other health care providers about all of your health insurance or drug coverage to avoid delays and to make sure your bills are sent to the right payers, in the right order.

Whether Medicare pays first depends on a number of things, including the situations listed in the chart on the next page. However, this chart doesn’t cover every situation.



KNOW WHO PAYS FIRST

If you have retiree insurance (insurance from former employment)...	Medicare pays first.
If you’re 65 or older, have group health plan coverage based on your or your spouse’s current employment, and the employer has 20 or more employees ...	Your group health plan pays first.
If you’re 65 or older, have group health plan coverage based on your or your spouse’s current employment, and the employer has less than 20 employees ...	Medicare pays first.
If you’re under 65 and disabled, have group health plan coverage based on your or a family member’s current employment, and the employer has 100 or more employees ...	Your group health plan pays first.
If you’re under 65 and disabled, have group health plan coverage based on your or a family member’s current employment, and the employer has less than 100 employees ...	Medicare pays first.
If you have Medicare because of End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant)...	Your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Medicare will pay first after this 30-month period.

Important: In some cases, your employer may join with other employers or unions to form a multiple employer plan. If this happens, only one of the employers or unions in the multiple employer plan has to have the required number of employees for the group health plan to pay first. For more information, contact your employer or union benefits administrator.

REMEMBER THESE IMPORTANT FACTS

- The insurance that pays first (primary payer) pays up to the limits of its coverage.
- The one that pays second (secondary payer) only pays if there are costs the primary payer didn’t cover.
- The secondary payer (which could be Medicare) may not pay all of the uncovered costs.
- If your employer insurance is the secondary payer, you may need to enroll in Medicare Part B (Medical Insurance) before your insurance will pay.

These types of insurance usually pay first for services related to each type:

- No-fault insurance (including automobile insurance)
- Liability (including self-insurance plans and automobile insurance)
- Black lung benefits
- Workers’ compensation

Medicaid and TRICARE never pay first for services that Medicare covers. They only pay after Medicare, employer group health plans, and/or Medigap (Medicare Supplement Insurance) have paid.

For more detailed information on who should pay first, visit www.medicare.gov/Publications to view or print the booklet “Medicare and Other Health Benefits: Your Guide to Who Pays First,” or call 1-800-MEDICARE (1-800-633-4227) and ask for a free copy. TTY users should call 1-877-486-2048.

REMEMBER THESE IMPORTANT FACTS (CONTINUED)

If you still have questions about who should pay or who should pay first

- Check your insurance policy or coverage. It may include rules about who pays first.
- Call the Medicare Coordination of Benefits Contractor at 1-800-999-1118. TTY users should call 1-800-318-8782.
- Contact your employer or union benefits administrator.

TELL MEDICARE ABOUT YOUR OTHER HEALTH INSURANCE OR DRUG COVERAGE

Medicare doesn’t automatically know if you have other health insurance or drug coverage. Medicare sends you a questionnaire, called the “Initial Enrollment Questionnaire” or IEQ, about 3 months before your Medicare coverage starts.

The questionnaire asks about other health insurance you have that might pay before Medicare does, like group health coverage from your or a family member’s employer, liability insurance, or worker’s compensation. Medicare uses your answers to set up your file and make sure your claims are paid correctly.